

## DWELLING APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

### ELIGIBILITY QUESTIONS

1. In which state is the property to be insured: \_\_\_\_\_
2. Please select Type of Occupancy: Owner Only Tenant Only Owner and Tenant(s) Seasonal and/or Secondary Short Term and/or Vacation Rental
3. Please confirm all rentals are for minimum two nights with a security deposit and written rental agreement in place and signed by all owners and tenants? **(Applicable for Short Term and/or Vacation Rental quotes only)** Yes No
4. Please select Type of Dwelling: One Family Two Family Three Family Four Family Five Or More

5. Has the applicant had any application of property insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy)	Yes	No
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If the answer above is Yes, were they for any of the following reasons only:

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|--|-----|----|
| - Insurer no longer writing class of business?               | Yes | No |
| - Insurer no longer writing class of business in territory?  | Yes | No |
| - Risk no longer qualifying for an Admitted Carrier program? | Yes | No |
| - Loss History?  | Yes | No |

6. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud?	Yes	No
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7. Has the applicant had more than three claims OR any one claim exceeding \$25,000 in total in the past five years?	Yes	No
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8. Has the applicant had more than two water damage claims in the past five years?	Yes	No
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9. Does the property have any galvanized plumbing pipes?	Yes	No
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10. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?	Yes	No
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11. Is there any existing structural damage to building(s) to be insured?	Yes	No
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12. Is the property to be insured subject to more than two mortgages or other encumbrances?	Yes	No
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13. Is the property to be insured subject to a mortgage provided by an individual or entity other than a financial institution?	Yes	No
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14. Is the property attached to, occupied as, or converted from a commercial building?	Yes	No
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15. Is the property to be insured a Rooming House, Boarding House or used for Student Housing?	Yes	No
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16. Is the property located in a landslide, or brush fire area (with less than 200 feet brush clearance)?	Yes	No
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17. Does the property have any knob & tube aluminium wiring or is on fuses?	Yes	No
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18. Does any wiring at the property have less than 100amp circuit breakers?	Yes	No
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19. Are kerosene, paraffin, or portable space heaters used?	Yes	No
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19. Is the property situated on more than 25 acres?	Yes	No
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20. Is the property an earth home, dome home, open pier or stilt home?	Yes	No
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21. Is the property a mobile home, manufactured home, farm, hobby farm or any non-conventional dwelling?	Yes	No
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**ELIGIBILITY QUESTIONS (continued)**

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| <b>22.</b> Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect?                                 | Yes | No |
| <b>23.</b> Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$150,000; or (ii) involve structural repairs being performed by any person? | Yes | No |

**GENERAL DETAILS**

Name and Mailing Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Address of Property to be Insured: \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Name and Address of Retail Broker: \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**CONTACT DETAILS**

Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

- 24.** Protection Class: \_\_\_\_\_
- 25.** Is Condominium Unit Owners Coverage required? **(Applicable for Owner Only One Family of HYbUhcib`riCbY: Ua Jmquotes)** Yes No
- 26.** Total square footage of building to be insured: \_\_\_\_\_
- 27.** Construction Type:  
 Frame Joisted Masonry Masonry Non Combustible Non Combustible Modified Fire Resistive Fire Resistive Other
- 28.** Age of building or full electrical and plumbing upgrade? 0-35 Years 36-50 Years Over 50 Years
- 29.** When was the roof last replaced? 0-25 Years 26-50 Years Over 50 Years
- 30.** Value of Coverage A – Dwelling to be insured: \_\_\_\_\_
- 31.** Is Coverage B – Other Structures cover required? Yes No **31a.** Value of Coverage B – Other Structures: \_\_\_\_\_
- 32.** Is Coverage C – Personal Property (ex-theft) cover required? Yes No **32a.** Value of Coverage C – Personal Property (ex-theft): \_\_\_\_\_
- 33.** If available, is Coverage D – Fair Rental cover required? Yes No **33a.** Value of Coverage D – Fair Rental: \_\_\_\_\_
- 34.** If available, is Coverage E – Additional Living Expenses cover required? Yes No
- 35.** Value of Coverage E – Additional Living Expenses: \_\_\_\_\_
- 36.** Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$10,000
- 37.** All Other Perils Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$10,000
- 38.** Which type of quote do you require? DP1 DP3 **39.** Is there a wood stove on the premises? Yes No
- 40.** Would you like to buy coverage for the peril of Earthquake? **(applicable for CA quotes only)** Yes No
- 41.** Premises Liability: Yes No
- 42.** Premises Liability Limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
- 43.** Medical Payments: \$1,000 \$2,500 \$5,000 \$10,000

**COVERAGE AND PROPERTY DETAILS (continued)**

44. Is dwelling situated on more than five acres? Yes No 44a. How many acres? 6-15 16-25 25+

44b. Please describe use of land: \_\_\_\_\_

45. Do you want to buy coverage for the swimming pool liability? Yes No 45a. Is it fenced and does it have a self locking gate? Yes No

45b. What limit would you like for swimming pool liability? \$25,000 \$50,000 \$100,000

46. Have there been any insured or uninsured property or liability losses at the property to be insured since the applicant has owned the property? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: \_\_\_\_\_  
\_\_\_\_\_

47. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): \_\_\_\_\_  
\_\_\_\_\_

48. If required, please enter below details of Additional Insured: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_